

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 168  
Registered No. 496

**PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 536 Red Springs Cyn. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

1. Full name of child George Alameda (If child is not yet named, make supplemental report, as directed.)

2. Sex of Child male To be answered ONLY in event of plural births. 3. Twin, triplet or other \_\_\_\_\_ 4. Legitimate? yes 5. Date of birth Oct 26 1929  
Month Day Year

**FATHER**  
1. Full name George Alameda  
2. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

3. Color or race Mexican 11. Age at last birthday 26 (Years)  
2. Birthplace (city or place) Mexico  
(State or country)

3. Occupation Miner Nature of industry \_\_\_\_\_  
10. Number of children of this mother 3 (a) Born alive and now living 3  
(b) Born alive but now dead 0  
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
I hereby certify that I attended the birth of this child, who was alive at 11:10 a.m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature J. J. Miller  
(Physician or midwife.)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_  
Filed Oct 30, 29 19 29 Registrar W. E. Davis

711-1026-185